

**FORM II****TEXAS STATE BOARD OF SOCIAL WORKER EXAMINERS  
VERIFICATION OF LICENSURE IN OTHER JURISDICTION**

**Directions to Applicant: Complete Part I and forward to the state where you hold a license to practice Social Work.**

**PART I-TO BE COMPLETED BY THE APPLICANT**

Name of Applicant	State from which Verification is Requested	License No.	Date Issued
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**I was granted a license as described above and request that verification of that license and supervised experience approved by your board, as applicable, be submitted to the Texas State Board of Social Worker Examiners.**

**You are hereby authorized to release any information in your files, favorable or otherwise, directly to this state's Social Work Board.**

**Your early attention is appreciated.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**PART II-TO BE COMPLETED BY THE STATE BOARD VERIFYING LICENSURE (Please complete this form and return it to the address indicated. Attach copies of any verification of supervision received after applicant received their MSW.)**

Name of Licensee	Licensure Level	License No.	Date Issued
<b>Please Verify All Requirements Met in Your Jurisdiction</b>			
Education: ____ BSW from CSWE Accredited School  ____ MSW from CSWE Accredited School		Experience: ____ # Months Post LMSW Clinical Experience ____ # Hours of face to face supervision ____ # Hours clinical experience ____ # Months Post LMSW Non-clinical Experience ____ # Hours of face to face supervision ____ # Hours non-clinical experience	
Exam Taken ____ ASWB or ASI (Only the ASWB or ASI will be accepted) ____ Other _____		Date Exam Passed	Level Exam Taken
If no Exam score is on file, how was licensure obtained? ____ Grandfathered _____ Endorsement; If endorsement, what state? _____			
License Current? _____ Yes _____ No      Expiration Date _____		Complaints and/or Disciplinary Action ____ Yes* _____ No	

**\*Explain Complaints or Disciplinary Actions (please enclose a copy of any board orders):**

\_\_\_\_\_  
Signature of person completing form

\_\_\_\_\_  
Date

\_\_\_\_\_  
Insert Board Seal Here

\_\_\_\_\_  
Printed name of person completing form / phone number

\_\_\_\_\_  
Title of person completing form

**Mail to:** TEXAS STATE BOARD OF SOCIAL WORKER EXAMINERS  
P.O. Box 149347, Mail Code 1982  
Austin, Texas 78714-9347  
1-512-719-3521  
1-800-232-3162 (TEXAS ONLY)

Revised 10/13/07



With few exceptions, you have a right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. Most information submitted to the board is subject to disclosure under the Public Information Act. (Reference: Government Code, Sections 522.021, 522.023, 559.003 and 559.004)